STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922316	R **03/23/2017**
NAME OF PROVIDER OR SUPPLIER **PARAISO HOME OF MIAMI II**	STREET ADDRESS, CITY, STATE, ZIP CODE **9808 SW 147 PLACE** **MIAMI, FL 33196**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Biennial Survey Revisit was conducted on 03-23-2017. Paraiso Home of Miami II with limited mental health component, license #8019. There were no deficiencies found at time of the survey.